



Electronic Billing Enrollment Form Instructions

To send medical or dental claims to Deseret Mutual electronically, please complete this Electronic Billing Enrollment Form and return to Deseret Mutual by e-mail, mail, or fax.

Before you fill out the form, please note the following:

- The Utah Trading Partner Number is assigned by Deseret Mutual's Clearinghouse, Utah Health Information Network (UHIN), to identify providers. Deseret Mutual receives all electronic claim submissions through UHIN. To reach UHIN, visit their Web site at www.uhin.com, or call 801-466-7705.
- All enrollment forms must have a Utah Trading Partner Number listed for your Group, Individual Provider, or Clearinghouse.
- If you use a different clearinghouse for claim submission, you must get their Utah Trading Partner Number. You may need to give your clearinghouse Deseret Mutual's Trading Partner Number, HT000006-001, so they can identify us.
- If Deseret Mutual does not have your Utah Trading Partner Number on file, you must go through a period of claims submission testing to pass HIPAA edits. We'll contact you with more details if this is the case.
- Please include all group and individual National Provider Identifier (NPI) numbers for enrollment purposes. Any claims submitted without NPI numbers will be rejected. Your only notice of rejection will be a returned 277FE.
- When you sign up to receive 835 transmissions (Electronic Remittance Advice), you will also receive a paper Explanation of Payment (EOP). To send 835 transmissions, we need to have the provider's Tax ID number. Please note: we do not send 835s for paper or manually entered claims, but you would still receive a paper EOP.

If you have any questions about EDI enrollment, please contact Deseret Mutual at edienrollment@dmba.com or by calling our Provider Maintenance Team at 1-800-777-3622 press Options 1, 3, and then 4.



60 East South Temple • P.O. Box 45530
 Salt Lake City, Utah 84145
 Telephone 1-801-578-5600 • Toll free 1-800-777-3622
 Fax 1-801-578-5903 • Web site: www.dmba.com

Electronic Billing Enrollment Form

This form must be completed and approved before you send electronic claims to Deseret Mutual.

Utah Trading Partner Number:

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Group/Provider Name: _____

Group National Provider Identifier (NPI): _____

Physical Address: _____

Pay to Address: _____

Contact Name: _____

Phone: _____ *E-mail: _____

Please list each provider and the corresponding information. If the names of your providers won't fit in the space below, please send the additional information in a spreadsheet or table separately.

| Provider Name | Tax ID Number | Provider NPI |
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Please indicate the type of electronic transactions you will be submitting to Deseret Mutual and if you'd like to receive an Electronic Remittance Advice (835).

- Professional Claims (CMS 1500)
 Institutional Claims (UB04)
 Dental Claims (ADA 2006/J400)
 I would like to receive an Electronic Remittance Advice (835) for my claim submissions

If you e-mail this PDF form, please save your data in the form with [Adobe Reader 8 or newer](#), attach the file in your e-mail program, and [e-mail](#) it.

If you prefer to submit this form by mail or fax, send it to: Deseret Mutual Benefit Administrators
 P.O. Box 45530, Salt Lake City, Utah 84145
 Fax 1-801-578-5903

* Deseret Mutual will send e-mail confirmation within 10 days to the address provided. If you don't receive confirmation, please call Provider Maintenance at 1-800-777-3622, press options 1, 3, and then 4, or e-mail edienrollment@dmba.com.